

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90328 014 ***150.00

DOCUMENT # P03000012991

1. Entity Name
CIRCLE V HORSE SALES, INC.



Principal Place of Business
26211 NORTH SR 121
ALACHUA, FL 32615 US

Mailing Address
26211 NORTH SR 121
ALACHUA, FL 32615 US

2. Principal Place of Business
25417 NORTH SR 121

3. Mailing Address
25417 NORTH SR 121

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALACHUA, FL

City & State

ALACHUA, FL

Zip

32615

Country

US

Zip

32615

Country

US

04152004

Chg-P

CR2E034 (10/03)

4. FEI Number

05-0554044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VOLPE, BAJALIA, WICKES AND ROGERSON, P.A.
1301 RIVERPLACE BLVD.
SUITE 1700
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME VOLPE, SEBBY L
STREET ADDRESS 26211 NORTH SR 121
CITY-ST-ZIP ALACHUA, FL 32615

TITLE D ☐ Delete
NAME VOLPE, TIMOTHY W
STREET ADDRESS 1301 RIVERPLACE BLVD., SUITE 1700
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE SS ☐ Delete
NAME VOLPE, STACY
STREET ADDRESS 25417 NORTH SR 121
CITY-ST-ZIP ALACHUA, FL 32615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Change ☐ Addition
NAME
STREET ADDRESS 25417 NORTH SR 121
CITY-ST-ZIP ALACHUA, FL 32615

TITLE DVP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/04 386 418 3747